

THE RECORD

RESIDENTIAL CARE NEWSLETTER

Vol. 11, No. 1

Spring, 1967

THE RECORD is published three times a year by the Residential Care Committee of the National Association for Retarded Children, 420 Lexington Avenue, New York, N.Y. 10017, (Chairman, Mrs. Walter W. Hammond, 7 W. Newfield Way, Bala-Cynwyd, Pa. 19004,) and printed by Opportunity Center, Inc., a Workshop for the Handicapped in Delaware. Extra copies may be obtained from the Editor, Mrs. Henry Cadot, Box 3713, Greenville, Wilmington, Delaware 19807.)

NEW CHAIRMAN ANNOUNCED

Mr. Bernard M. Fineson, NARC President, has announced that Mrs. Walter W. Hammond has accepted the Chairmanship of the NARC Residential Care Committee, succeeding Mrs. G. T. Etheridge, who served with distinction from the fall of 1963 to December, 1966. We welcome Mrs. Hammond and present below her summation of the current goals of the committee, and her plea for increased communication between all those concerned with residential care.

NARC RESIDENTIAL CARE COMMITTEE OBJECTIVES FOR 1967

Among the objectives of the NARC Residential Care Committee for 1966 was the improvement of the working relationship between NARC and State Residential Care Committees by reorganizing the NARC Committee on a regional basis. This has been accomplished and the Regional Residential Care Correspondents are:

North Central:	Mr. Keith Wright, 247 Jewett Bldg., Des Moines, Iowa 50309
Northwest:	Mr. James Low, 2605 Cleveland, Everett, Washington 98201
Southwest:	Mrs. Mary Jeffery, 4460 Crestview Drive, Norco, California 91760
South Central:	Mrs. Lila Thompson, 1214 Pecan, Richmond, Texas
Southeast:	Mrs. Pearl Nelson, 1622 Calvados Drive, Cocoa, Florida
Northeast:	To be announced.

In 1967, the Committee plans to publish a revised Report on Charges, and the proceedings of the Volunteer Coordinators' Workshop held at the NARC Convention in Kansas City. In addition, there will be a section on Residential Care in CHILDREN LIMITED.

The long-range goals of the Committee will continue to be to promote improvement of existing residential facilities, the development of new community residential facilities, and increased public understanding of the importance of better residential care. Architectural Design for residential facilities will be a major consideration of the Committee, and we will continue to work with and support AAMD and other national organizations in the evaluation and eventual accreditation of state residential institutions.

It is the desire of the NARC Residential Care Committee to encourage every member interested in Residential Care, and to be of help at all times. Please communicate your problems to the Regional Residential Care Correspondents, the State Residential Chairmen, or to me. We all have doubts, frustrations and unanswered questions and I feel that by mutual communication much can be accomplished.

Mildred G., Hammond, Chairman
NARC Residential Care Committee

NARC ACTION

NARC LAUDS EVALUATION PROGRAM

The AAMD Institutional Evaluation Project, funded by a grant from the Federal Government, will extend from Jan. 1, 1967 to Dec. 31, 1968. As of January, 1967, 110 state institutions had requested this service, according to Joseph E. Hubbard, Director of the Project.

At the 17th Annual Convention of NARC, October, 1966, a resolution was passed commending AAMD's Project on Technical Planning, which developed the Manual on Standards, and Herschel W. Nisonger, Coordinator of the Project, which led to "The program for the application of (these) standards to residential institutions by means of evaluative instruments, applied by professionals from outside the institution under study, as well as personnel within."

ARCHITECTURAL PLANNING ENCOURAGED

At the Annual Convention in Kansas City in 1966, Mr. Luther Stringham, NARC's Executive Director reported: "An action program of major proportions- isurgently- -needed to interest more architects in mental retardation; to acquaint them with program concepts; to expound on the interrelationships between structure, resident, and community; and to publish more adequate guidelines for design. NARC should be the catalyst, working with the American Institute of Architects, the AAMD, schools of architecture, the Public Health Service, and other agencies in bringing about a new day for construction." For reports of recent action on Architectural Planning, see THE RECORD, fall, 1966, and ACTION TOGETHER, Oct. 24, 1966. In January, 1966, Arnold Gangnes, NARC's Architectural Consultant, and A. Rorke Vanston, HEW Hospital Architect, presented a program of slides and discussion of modern European facilities for the retarded before a meeting of Minnesota architects in Minneapolis. Several other states have sent in requests for this program. For information, write Mr. Gangnes at NARC or Mr. Vanston, c/o U.S. Dept. of Health, Education, and Welfare, Public Health Service, Div. of Hospital and Medical Facilities, Washington, D.C. 20201. An Architectural Workshop is being planned for the 1967 NARC Convention in Portland, Oregon.

REVISION OF 1963 REPORT ON CHARGES

In 1963, NARC published the report, "Charges for Residential Care of the Mentally Retarded." This report presented a comprehensive study of charges as of 1960-1961, an analysis of trends, and a study of the performance of present systems. Late in 1965 it became apparent that an up-dating of the previous study should be instituted. A questionnaire was sent to the Executive Directors of all State ARCs. The responses received were analyzed by Mr. Norman F. Smith, Chairman of the Special Committee on Fee Charges, and is now available.

The revised report, "Charges for Residential Care of the Mentally Retarded in State Institutions in the U.S. - a Comparison of Present Charge Systems with the Policy Set Forth by NARC", is available from NARC @ \$1.00. In addition to analyzing the responses to the new questionnaire, Mr. Smith discusses the elements of a good charge system, and presents three new state systems, as well as a method and example for laying out a charge system. Mr. Smith concludes: "The study indicates that more effort is needed in a great many states to investigate and understand the state's charge system, to develop a proposal for an improved system, and to conduct a program to inform the community of the changes which should be made. It is suggested that the Residential Care Committees of the State Association in each state be assigned the task of pursuing this matter vigorously in the immediate future."

COOPERATION WITH OTHER ORGANIZATIONS - UCP EXPLORES PROTECTIVE SERVICES

A Conference on Protective Supervision and Services for the Handicapped was held at New Kensington, Pa. in November, 1966, under the auspices of the UCP Longterm Care Committee. Experts from various fields, including NARC, met "to probe and assess resources, practices and activities pertinent to protective services for the handicapped." The next step will be to formulate guidelines for voluntary and official agencies, legislators, etc., with responsibility in this area. UCP, AAMD and NARC will cooperate in this project, and a grant is being prepared for a National Conference focussed at the state level.

Many state M.R. Plans call for creation, at the state level, of a Protective Services Agency. The term, Protective Services, is described in the Long-term Care Newsletter, WHERE THE ACTION IS, Oct. 1966: "The term protective services' has been variously defined, but it has a specific connotation. Many health and welfare services at the community level have a protective aspect. The hallmark of a truly protective service is the statutorily based right to intervene in the life of an individual. Other services can advise or suggest that a family or client take a certain action. A protective service must have the authority and willingness to act - to call, if necessary, legal forces into play to get a needed action."

Protective services are those which are needed on a temporary or continuing basis for:

Those who are so physically handicapped, injured, ill or feeble that they cannot take full care of themselves or cannot, unaided, do those things necessary to care for and use their assets.

Those who are so mentally ill, or mentally retarded, or mentally deteriorated that they cannot take full care of themselves. . .

Those who are not physically or mentally incapacitated, but who lack proper care and whose behavior is not acceptable to the community, or who live in such a way as to endanger their own well-being and that of others.

Those who are deprived of social contacts, who no longer have family or trusted friends who could assist them in solving their everyday problems.

(American Public Welfare Association)

"TOMORROW IS TODAY"

"PLANNING AHEAD FOR LONG TERM CARE LEGALLY AND FINANCIALLY"

"This booklet published by the Long-Term Care Committee of the United Cerebral Palsy Assoc, Inc., 321 W. 44th St., New York, N.Y. 10036, is intended primarily for parents of handicapped children. According to Dr. Elsie D. Helsel, Chairman, it contains information which also will be useful to those advising parents--lawyers, trust officers, insurance counselors, social workers, physicians and clergymen. It reviews the basic elements of long term care: where to live; what to do; how to pay for care; how to provide for protective supervision; and the need for a Will. The appendix contains a glossary of terms pertinent to this subject and includes a list of 42 references. Single copies will be provided without charge. Additional copies can be purchased from UCPA at 10C per copy."

ACTION TOGETHER, Nov. 28, 1966

NARC CONSULTANT WILL ASSIST WITH HEW SITE VISITS

Mr. Clayton Kick, NARC Consultant on Residential Care, has been invited to serve as a consultant to the HEW Public Health Service Division of Mental Retardation. The invitation from Vivien R. Hylton, Chief, University-affiliated Branch, states that "Consultants are selected from among the experts in numerous professional fields to participate in site visits in connection with grant applications."

ARC ACTION CONCERNING RESIDENTIAL CARE

(Condensed from Reports received by the Editor)

DELAWARE - DARC is supporting a budget request by the Hospital for the Mentally Retarded which asks for a number of new attendants (with the intent of requesting similar new positions in each of the following two years,) in order to bring the staffing level at the Hospital up to the standards recommended by AAMD. A "position paper" has been prepared for presentation to the Joint Finance Committee.

FLORIDA - FARC recommends that the State Department of Public Welfare be appropriated funds for the expansion of its statewide program for foster home care for mentally retarded children who need and can benefit from such care.

ILLINOIS - Activity for 1965-66 listed by the Illinois Association for the Mentally Retarded included: Participation with the Department of Mental Health in 1) planning for provision of residential facilities in the greater Chicago area, 2) development of a plan to pay wages to working patients in state institutions and 3) the development of a brochure on admittance policies at all Illinois institutions for the retarded; and cooperation with the Dixon and Lincoln State School Parents' Associations in projects designed to improve the living conditions and relieve the overcrowded conditions at the schools.

INDIANA - The State Association worked with a special legislative committee established because of the large waiting lists for and the 35% overcrowding of existing institutions. The Committee prepared a recommendation that 3 new institutions be "built, with a minimum of 500 beds at each. The Depart, of Mental Health has proposed one institution be funded in each of the next three bienniums, but the Association is in favor of immediate construction of all three.

MARYLAND - The Maryland Residential Care Committee has initiated with the Department of Mental Hygiene a review of the 1964 "Report on Maryland's Residential Needs for the Mentally Retarded." A study group is planned to "study current programs and develop a master plan with specific short range and general long range goals relating to planned residential and related services." Another goal of the Committee involves standards and licensing for small and non-public residences.

MINNESOTA - Goals for action for the 1967 biennium are outlined in a report entitled Minnesota on the March, and in a 13-minute black and white sound film "In the Name of Humanity," prepared by MARC. Among the goals are: a request for additional personnel for state institutions where staffing is far below accepted standards; a bill to authorize the state to reimburse counties for all but \$10.00 a month of the cost of keeping mentally retarded persons in private, non-profit facilities (The Association believes that the development of a significant number of community residential facilities is dependent on a reliable and continuing source of operating funds. Under the existing system, counties pay only \$10.00 a month for each retarded resident placed in a state institution, but pay the total cost not met by parents of persons placed in boarding homes or private, non-profit institutions.)

UTAH - The State Training School Association for Retarded Children has prepared a report on the State Training School at American Fork to bring conditions at the School to the attention of the State Legislature and the public. The report stresses the fact that the State must appropriate additional funds in order to continue the vital programs in physical therapy and speech and hearing therapy initiated under a HIP Grant in 1964, since the Grant expires in 1967. In addition, the report describes the overcrowded conditions which make a building program necessary, and explains the need for

ARC ACTION, Con.

expanded programs in social service and rehabilitation. The biennium Budget is divided into three sections: 1) Regular budget, reflecting present services, 2) Work Load Increase necessitated by 22% increase in population due to building program, and 3) Expanded Programs budget, which requests State assume future cost of programs initiated under HIP and Program Development Grants.

WASHINGTON - Among the recommendations made by WARC to the State Legislature are: 1) A new Division of Mental Retardation within the Department of Institutions, responsible for state institutions, day care centers, coordination of community programs, and federal grants for community mental retardation centers; 2) Increased staffing of state institutions to bring them to the minimum standards set by AAMD by the end of the next three bienniums; (present staffing is 50% below this level) 3) The services of the AAMD Evaluation Team should be secured to assist in designing a program which will place the institutions in a position to be accredited; 4) A thorough study of future institutional needs and the development of smaller residential care facilities within communities.

WISCONSIN - The Wisconsin Residential Care Committee is concerned by the changing role of the residential institution (see THE RECORD, fall, 1966) and the shift by Wisconsin institutions away from the custodial toward the concept of regional centers. Since this concept eliminates the assurance of "permanent" placement, WARC has adopted the following Policy Statement, prepared by the Residential Care Committee, which will later be incorporated into bills for legislative action:

1. With regard to residential care services in Wisconsin, it is recommended that, fundamentally, these services be obtained from appropriate agencies, rather than provided directly by WARC or its affiliated local organizations.
2. Residential Care should be an integrated part of the total spectrum of services provided for the mentally retarded. A diversified program of residential care in the community and at the state level should be designed to meet the specific and varying needs of the retarded individual throughout his entire life span.
3. In addition to the state facilities, community residential care facilities should be developed with close attention to standards of care, financial impact on the family for the cost of care, and guardianship for the retarded in the absence of parents or other legal guardians.
4. Recognizing the need for financial coordination for residential care provided for the retarded within the community, a reimbursement formula should be developed on a 70-30 basis, whereby the community may provide residential care with ability to recoup 70% of the cost from the state.
5. In the absence of the development of significant and adequate residential care facilities in the state's communities in the near future, WARC urges that the state immediately begin planning a fourth Colony to meet future residential care needs of Wisconsin's retarded children.

PICTURES WANTED - FOR CAREERS BOOKLET

NARC is planning a booklet on careers in the field of mental retardation. The publication will cover the many services needed to meet the problems of retardation, including special education; research; vocational rehabilitation; diagnosis; psychological interviewing and testing; clinical and social work; nursing; physical, occupational and recreational therapy; care in residential institutions.

PICTURES (no snapshots, please) of people engaged in the broad range of services to the mentally retarded should be mailed to Trudy Stamm, Manager, Public Information, NARC.

FEDERAL PROGRAMS AFFECTING THE MANPOWER PROBLEM

YOUTH CORPS WORK TRAINING PROGRAMS

A Neighborhood Youth Corps project at Dixon State School for the mentally retarded is performing a double-barreled service, according to an article by Charles R. Hurst. It is helping young people of poor families, while bolstering the work force of an institution with too many patients and too few employees.

"The project has put youths to work in the institution's nursing department, food service division, laundry, recreation section, crafts classes, groundskeeping force and clerical division...Enrollment in the corps has ranged from 170 to 200 and may rise to 300 under the second and larger grant. Some of the boys and girls work full time (32 hours a week) and others part time (15 hours a week). Their pay, which comes out of federal funds, is \$1.25 an hour. The anti-poverty money pays for a staff of five to direct the project and counsel the youths. Dixon's regular employees work alongside corpsmen and give them on-the-job supervision. After eight months of experience, the regular employees--particularly nurses and aides in the understaffed wards--are quick to praise the project and the help it has brought them. I've seen real improvement in the patients since those kids came,' one aide said. 'I wish we had more of them.'"

"The U. S. Government's purpose in the work-training project is to help the youths stay in school, return to school, prepare for a job or obtain a better job. Dixon shares this aim and project statistics indicate it is succeeding in many cases. 'But,' (Superintendent) Edelson points out, 'We're not in this just for the benefit of the enrollees. The Corps provides us added help which we badly needed...The project also gives us an opportunity to screen potential candidates for our own training programs and regular employment. We're getting some good permanent workers as a result. And I believe the corps is making an economic and educational impact on the community. I think most of the kids are having a positive experience here and are telling the community about it.'"

In February, 1967, Dixon announced an expansion of its Youth Corps program. Starting February 1, all youths between the ages of 16 and 21, regardless of county of residence or economic status will be eligible for part time work at the institution. They will be hired as Youth Corps trainees and required to work a minimum of 10 hours a week, during time acceptable to the institution and the employee. Superintendent Edelson explained that the plan grew out of recognition of the improvements made in "individualizing" patient care through the Youth Corps and Foster Grandparent Programs. In addition, he said, students may use the program as a trial balloon...to find out if they want to work full time at the institution. College students planning careers in mental health will have a chance to gain experience. Those accepting a job under the new plan will serve as big brothers and sisters to DSS residents, helping youngsters with studies, recreation, and other tasks, with the institution providing on-the-job training. Although administered by the Youth Corps staff, salaries for applicants not meeting the "poverty" standards of the federal government will be paid out of DSS personnel funds.

S W E A T

A Chance to Help - The Story of SWEAT (see THE RECORD, summer, 1966) is for sale @25 by the Superintendent of Documents, U. S. Government Printing Office, Washington, D.C. 20402. This booklet, prepared by the Div. of Mental Retardation, HEW Bureau of Health Services, explains this Student Work and Training Program, with illustrations of participating students at Southbury Training School, (Conn.) one of 50 participating institutions.

ADULT WORK TRAINING PROGRAMS

The Nelson-Sheuer Amendment to the Economic Opportunity Act, Section 205(e) Title II (Community Action Program) provides for Adult Work Training and Employment Programs for unemployed and low income persons through grants to state and other agencies. (See ACTION TOGETHER, #32, published by NARC Dec. 19, 1966.

Grant programs must involve "activities designed to improve the physical, social, economic or cultural conditions of the community or area served," and must (1) assist in developing entry level employment opportunities, (2) provide maximum chance for advancement and continued employment without federal assistance, and (3) be combined with necessary educational, training, counseling, transportation assistance and other supportive services which may be needed.

NARC believes that this program, essentially an expansion of the concept of the work training programs of the Neighborhood Youth Corps, will help to increase the supply of trained, sub-professional personnel to work with the retarded. New York City Trainees are currently employed in a number of public institutions and community facilities. A group of 13 will soon start training as attendants at the Hospital for the Mentally Retarded in Delaware, under a program sponsored by the State Department of Welfare. It is hoped that some will continue at the institution when State funds become available to hire additional attendants.

MANY BENEFITS DERIVED FROM

FOSTER GRANDPARENT PROGRAM

(Administered by the Administration on Aging, with Funds from OE0)

Mr. Harvey H. Glommen, Director of the Foster Grandparent Program for the HEW Administration of Aging, reports that FGP is now serving over 3,000 retarded children in 33 institutions. An Evaluation of the program has been prepared by Greenleigh Associates, Inc., based on a study of 10 projects involving 478 grandparents, of which 41% were serving in institutions for the retarded. The survey showed that improvement was reported in 70% of the children involved, and concludes that the program is an effective instrument to (1) reduce poverty among the aged poor by providing them with the necessary income, through useful employment, to raise them above the poverty income level, and (2) provide a new, useful and needed role for older people in children's institutions in order to meet the needs of institutionalized children for warm, individual care and attention.

Among the recommendations made in the Evaluation: Project plans should include formal and informal programs to prepare institution staff for the program and assist staff in making full and effective use of the foster grandparent in his unique role as part of the total institution program; the one-to-one assignment to children should continue, with activities focussed on social and personal activities with the children, rather than house-keeping; children should be assigned on the basis of physical, social and emotional need, not on the basis of family income, with continued emphasis on serving the very young, and planning should be done to prepare the children and the foster grandparents for their eventual separation.

Mr. Glommen said that the program in institutions for the retarded has encouraged visits from parents, and given hope to staff, as they watched the grandparents teach the children to walk, to play, or even just to smile. As nine-year-old Patsey Gray wrote in the Catholic Digest, "grandmas are the only grownups who have got time."

COMMUNITY RESIDENTIAL CARE - A PROGRESS REPORT

"There is only just emerging the variety of community facilities that will bring living for the retarded to new plateaus of dignity and convenience," reported Luther Stringham, NARC's Executive Director, in October, 1966. An analysis of the information which the Editor has received from various states reveals a wide variety of approaches to the problem of community residential care. The greatest gain is in the number of "Halfway Houses" established. But many state plans urge the establishment of small, community-based residences, and other states have authorized state funds for placement in private, non-profit group homes, a number of which are supported by religious groups. Some existing group homes are for children, some for adults; there are still many gaps in service, but there has been progress. (See also, THE RECORD, Spring, 1966.)

CALIFORNIA - Residential Care in Home Communities Eases Strain on Institutions--

Under laws passed in 1965, a network of Regional Diagnostic Counseling and Services Centers is to be established. Through these Centers, the State will purchase services to make it possible for the retarded to remain in or close to their home communities, including residential care when necessary. Two Centers have already been set up, in Los Angeles and San Francisco, with first priority being assistance to those on the waiting list for institutional placement. To assure continuity of service, a guardianship or personal surrogate plan is being developed.

Among private facilities where the Centers have placed children is Peppermint Ridge Children's Home in Norco, sponsored by the United Church of Christ (which also sponsors 2 residential facilities for adults in Missouri.) The Home has room for 11 boys, ambulatory, in the severe to moderate range, with school and church available in the community.

CONNECTICUT - A Regional Plan -

Connecticut's Regional Plan calls for the development of community homes for all age groups and levels of retardation. (See THE RECORD, spring, 1966.) Group Homes may be institution-operated, or connected with the various Regional Centers. Recently, funds were made available for the Seaside Center to furnish and staff a home for young adult retardates employed in the community. The Greater New London Jaycees conducted a \$50,000 drive to purchase the Jay-Sea House, to which the Seaside Association of Parents and Friends contributed \$2,000. The Center will furnish a social worker and vocational counselor to assist the residents with the complexities of independent living.

GEORGIA - Institution Establishes Halfway House -

The Gracewood Vocational Rehabilitation Unit will establish a Rehabilitation Residence in August. When ready for occupancy, the house will provide quarters for 15 Gracewood residents who are employed in the Richmond County area. They will live there approximately six months while receiving training in adjustment to community living.

IOWA - County-owned Halfway House -

River Heights is a Halfway House in Sioux City for 30 residents which is owned by Woodbury County, under the County Board of Supervisors. Residents are referred by accredited hospitals or agencies, which assume continuing responsibility; they may have psychiatric or social problems, but must be able to care for selves and plan own lives. Costs are assumed by the County, but those with jobs pay fees scaled to salaries received.

PROGRESS REPORT, Con.

NEBRASKA - A Prairie State Pilot Project -

The Nebraska State School for Trainable Children, established in 1958, in Cozad accepts children on a five-day basis, with all going home for weekends. The school is tax-supported and supervised by the State Department of Education. Older students take part in a work-study program. (There are several similar Schools in Canada, where children live far from available classes.)

NEW YORK - Governor Rockefeller Calls for a Network of Hostels - State Aid -

The proposed Hostels would contain studio apartments with housekeeping facilities, home-making services and common dining and recreation areas. The State would finance up to 50% of total operating costs. "These could be built either by the State or local government, or by community organizations," the Governor said. "Many of the people who would live in these facilities would be able to pay the full rent since they would be working in the community. Others, working in sheltered workshops, might be able to pay only part of the rent. The State supplementing as necessary, can assure the continued stability of a hostel."

Mental Hygiene News, Oct., 1966

NEVADA - Small Centers for Children Proposed -

A proposal made by Dr. Samuel Ornstein, Chief, Bureau of Mental Retardation, to the Nevada State Planning Board in September, 1966, calls for building home-like cottages for children in each of the state's population centers - six in Reno, and six in Las Vegas. Each cottage would house six children between the ages of 6 and 18. The Center would also include a small administration building, and a classroom to be staffed by the county school district for those not able to attend community facilities. The Centers would serve those who do not need constant medical care, and the emphasis would be on those with emotional difficulties, and on preparation for integration into family living.

NORTH DAKOTA - Rehabilitation Home Receives Aid from Many Sources -

The Svee Rehabilitation Home in Fargo, scheduled to open in October, 1966, plans close coordination with the Division of Vocational Rehabilitation, County Welfare Offices, and other local agencies. The Home will receive part-time administrative assistance from the Lutheran Welfare Society of North Dakota, which will also provide clerical and other assistance. Volunteers, under a Volunteer Director, will be used to assist in training for independent living.

MINNESOTA - Lutherans and Others Provide Non-profit Care (See "State Action" P. 4) -

The Lutheran Church sponsors a number of residential homes for the retarded, including Mount Olivet Rolling Acres, Inc., believed to be the most ambitious residential program undertaken by a single religious congregation. The facility at Excelsior, about 15 miles from Minneapolis, presently serves 15 retarded, ages 14 to 24, with plans for expansion to serve 100 to 200, primarily of the "trainable" level. Outreach International in Minneapolis, founded by a group of Lutheran Church leaders and professional laymen, offers training, rehabilitation and residential care of the retarded of employable age. Outreach is a complex of 9 buildings, formerly the Lutheran Bible Institute. Facilities include sheltered workshop, classrooms, offices and residential space for 130 residents.

Greenbrier Home, in Saint Paul, is a non-profit Halfway Home for retarded young men supported by a group known as Greenbrier Independent Volunteer Endeavor (GIVE). A number of recreation programs and education classes are provided at the Home by a group of nuns from St. Joseph's Hospital. A similar group home for women is being planned for the future by the Greenbrier owners, Jerry and Don Van Slyke.

PROGRESS REPORT, Con.

TEXAS - First Halfway House a Joint Venture -

The state's first Halfway House was scheduled to open in Waco in January 1967. Sponsored by the Volunteer Council of Mexia State School, the house will be under the control of the Department of Mental Health and Mental Retardation, with support from a Waco advisory group under the leadership of the Waco Council for Retarded Children. A \$2,500 grant from the Governor's Interagency Council for Mental Retardation, funded from Federal money provided for implementing the Texas plan, has been used to help get the project started.

WISCONSIN - Colony Establishes Group Home

Eight teen-age girls who had been residents at Northern Wisconsin Colony, are now living in a group home in Northfield, about 50 miles from the Colony. The home is under the supervision of the Colony's Director of Social Service. Here the girls will have the benefit of "substitute parents", and will attend special education classes in the community.

COMMUNITY RESIDENCES IN CANADA

Our concept of community residences for the mentally retarded is relatively new," reports Peter Gomery, co-ordinator of Development for the Ontario Association for the Mentally Retarded. "This phase of our services really came into focus about two years ago after the government assumed 100% of the operating costs of our local association schools. This freed the associations to embark upon many new areas of service and these have included adult workshops, which now number 55; pre-school nurseries which number 63 and have an enrollment of close to 1,000 and, of course, the community residence. The latter program is generously supported by government which pays a grant of \$5,000 per bed for new construction as well as supporting the operating costs to the tune of 75% and shortly this will be increased to 80%.

"We are finding that construction costs, exclusive of land, are being estimated at \$6,500 per bed. This means that a 10-bed residence plus two beds for staff will cost approximately \$80,000 plus land."

"In Metropolitan Toronto the picture is a little different. The project here is to develop a residential complex plus a three level workshop for retardates of varying degrees of handicap ranging from the dull normal to the severe. Because of extremely high land costs this project is planned on the concept of an apartment tower. The main floor area will serve as a workshop and the floors above ground will house apartments with common recreation areas and living-room areas."

"In Ottawa, our local association there obtained a 100-year-old stone farmhouse together with outbuildings and several acres of land. This has been made into a 10-bed residence for boys, with plans to add additional buildings starting next year to house girls. At the moment, all the boys in this residence are attending the Sheltered Workshop in Ottawa, but it is hoped that we can start a farm training program."

In a pamphlet called A COMMUNITY RESIDENCE - A COMMUNITY NEED, prepared by Mr. Gomery in October, 1965, for the aid of local associations, he describes the role of the Provincial Association: "The role of the Ontario Assoc, for the Mentally Retarded in developing community residences will be much the same as it is with the day schools. Our function will be to create interest, develop enthusiasm and assist with the initial spade work. OAMR is not in a position to select sites or to provide architectural sketches of suitable buildings. We will, however, assist you in developing a survey to determine the need and lend you the benefit of our experience in considering possible locations as it relates to complimentary services such as schools, churches, workshops, recreation facilities and playgrounds, etc."

FOSTER CARE STUDY

FOSTER BOARDING CARE FOR MENTALLY RETARDED CHILDREN - A Study of Foster Boarding Homes for Mentally Retarded Children in a Metropolitan County, by Sheldon R. Schneider, Assoc. Exec. Director, Minneapolis Association for Retarded Children - is available @ \$1.00 from the Minneapolis ARC, 2401 W. 66th St., Minneapolis, Minnesota 55423. Mr. Schneider has reported: "This study has stimulated a great deal of interest in the foster boarding home program for the mentally retarded. As a result of this interest, a committee composed of state and county officials, a foster mother, a proprietor of private residential facility, and representatives from the national, state and county ARC groups is meeting to modify standards and licensing requirements and to suggest other program changes which will enable this program to become an integral part of the continuum of services available to mentally retarded persons in the community." His report makes the following recommendations:

1. Development of standards and licensing requirements specifically pertinent to foster boarding homes for mentally retarded children. These standards would encompass the retarded child's participation in community developmental programs, as well as various requirements for the home and the foster parents.
2. Utilization of foster boarding homes as permanent placements for children who can benefit from such environments.
3. Standardization of fee system for foster boarding care.
4. Development of agency-owned foster boarding facilities.
5. Elimination of placements into foster boarding homes which are indeterminate in terms of length of time which the child can realistically expect to remain.
6. Establishment of an upper age limit at which foster parents can no longer receive children.
7. Assignment of one or two caseworkers per foster home, rather than one per each foster child residing in the home.
8. Selective placement of retarded children into foster boarding homes. Placement of severely retarded and physically handicapped children into special facilities adequately and appropriately staffed to provide these children with proper level of care and treatment.
9. Elimination of the differential cost to counties incumbent in maintaining a retarded child in a foster boarding home and in a state institution.
10. Development of a training and orientation program for foster parents of retarded children.
11. Establishment of staffing requirements for foster boarding homes housing over five retarded children.

THE FOSTER PARENT ROLE

"In Wolin's book, Selecting Foster Parents, A presentation of nationwide polls and study is given to show how much variance occurs in the actual role and estimates of proper role by parents, foster parents, communities and social agencies. All merge in their thinking as to worth and importance of the individual which is a rightful apex for the goals which we share. The recognition that the physically and mentally impaired require care of high quality is also noted in these studies with cognizance that ability to stand stress is required, beyond being a good, stable home. The successful foster home is beginning to gain stature as a valid contribution to community structure, and has our respect as an important part of that community structure."

Sam Fried, Chief Social Worker, Central Wisconsin Colony
FAMILY CARE NEWSLETTER, May, 1965

AID FOR SERVICE FAMILIES

The Military Medical Amendments of 1966 (PL 89-614) became effective Jan. 1, 1967. This Act authorizes the Department of Defense to share in the cost of providing care and training for certain mentally retarded and physically handicapped dependents. (See ACTION TOGETHER, #30, published by NARC Nov. 21, 1966).

Under this program, the Federal Government will share in the cost of various types of services including residential care. Servicemen must use public facilities to the extent they are available and adequate. When not available, private, non-profit facilities may be used. The Office of Civilian Health and Medical Programs of the Uniformed Services will administer this program and act as a central source of information. Inquiries should be directed to this Office, Department of the Army, Denver, Col., 80240. (Affected service families can obtain information concerning their eligibility and application procedures by contacting their local Base Surgeon.)

OPERATION SUNSHINE DESIGNER RECEIVES AWARD

OPERATION SUNSHINE a set of packaged, mural-size stencils with instructions for use - was circulated to many state institutions in 1966 through the NARC Regional Representatives. The stencils of happy animal figures were originally designed by Ed Reinhardt for use at Southbury (Conn.) State Training School. The Famous Artists Schools of Connecticut packaged the stencils in kits which included suggestions on how to arouse community interest and cooperation and how to recruit local help in painting. Operation Sunshine has since spread to Europe, and plans for the future include eventual circulation to hospitals, and to private schools for the retarded. In recognition of his part in this project, AMERICAN ARTIST magazine awarded Mr. Reinhardt its Medal of Honor in 1966.

"As an artist, Ed Reinhardt...was faced with a challenge which provided him with the most rewarding experience in his art career. Through laughter and happiness Ed, and everyone else concerned, found a direct line of communication to the hearts and minds of retarded children."

"The Story of an Artist's Response," by Charles Wittman,
AMERICAN ARTIST, February, 1967

OPERATION GARDEN AT MUSCATATUCK, INDIANA

"Although our garden was not large, it was large enough to grow fifteen different varieties of vegetables and flowers...Most of the vegetables were those that could be eaten raw--the tomatoes, cabbage, and peppers--or could easily be cooked--in the room--as green beans, corn and lima beans. Potatoes and peanuts were included specifically to observe growth habits; tobacco, to give an idea of processing and marketing methods from tobacco to cigarettes. Gourds, strawberry, corn and pie pumpkins should furnish room decorations... Flowers were to look attractive in the garden and to furnish cut flowers for the room.

There have been specific learnings since most of the boys and girls did not even recognize common garden plants and bugs before; nor had they realized that food didn't just grow, but was produced with quite a lot of patience and hard work. Studying seed catalogues and growing tomato and pepper plants in the room provided a good build-up before any actual work was done outdoors".

MUSCATATUCK MIRROR, fall, 1966.

COMING NEXT ISSUE

The Summer RECORD will feature programs for the severely retarded, including HIP Grants to residential institutions.